

## Documentation Guide for Completion of QC REVIEWS

### Active Reviews

The Quality Control (QC) reviewer must review the case record to determine what action/s was taken that impacted the sample month. The case record review consists of the following:

- Reviewing the issuance summary to determine the authorized allotment, if any supplements were issued and if the CFHH participated;
- Reviewing the certification documents to determine the household circumstances, reported changes, certification actions etc., that impacted the sample month (Sections 320,321,322 of the FNS Handbook 310).

The Quality Control (QC) reviewer must also conduct interviews (either face-to-face or telephone), and make collateral contacts. The purpose of the field review is to obtain all relevant information about the household's actual circumstances which relate to their eligibility and benefit level for the sample's month's issuance and to verify and document the information.

All elements should be documented in detail. Even though each case/situation is unique, the reviewer must ensure that each element listed in the FNS Handbook 310 can "stand on its own" and does not conflict with or contradict other elements within the review. The documentation should be **short** and **concise**, documenting case record review (pertinent facts, sources of verification etc), what the eligibility worker (EW) did or did not do, and the results of the field investigation such as the facts obtained from the face-to-face interview (F/F) or telephone interview (TI) and findings from the collateral contacts and verifications obtained (Section 520 of the FNS Handbook 310). According to Section 424.5 of the FNS Handbook 310, the QC reviewer is required to ask the household (HH) about each element as it applies to each HH member. The documentation/narration must always have a conclusion; it need not be lengthy, but it must be to the point. The thought processes and analysis done by the reviewer must be clearly evident and be consistent with the FNS Handbook 310 guidance for all elements and documentation. In your write-up avoid the following phrases:

- It appears: This indicates the certainty of the findings are not factual
- It seems: This indicates the certainty of the findings are not factual
- Confirms(s): This indicates that QC is confirming information reported instead of asking questions and verifying for each element

## Case Information

### Examples of Documentation

<b>010-F013 (Timeliness of Application) Appendix C Section 6 #68 FNS Handbook 310 for Timeliness of Application.</b>	
<b>Certification</b>	On _____ (application date or date CWD received the application) the CFHH filed a _____ (DFA or SAWS) application and benefits were approved on _____ (approval date). Timeliness of the application is coded as _____
<b>1-Timely</b>	Timely, as the HH was entitled to and received ES within the seven day timeframe. Timely, as the HH's combined total income and/or resources exceeded the HH's combined shelter expenses and regular benefits were posted within 30 days.
<b>2 – Not Timely</b>	Not timely, as the HH's combined total income or income and/or resources of \$ _____ did not exceed the HH's combined shelter expenses and benefits were not processed within the 7 day timeframe.
<b>3-Other Certification or Recertification</b>	The initial application was filed on _____ (give the date) which is prior to the FFY under review. <div style="text-align: center;"><b>OR</b></div> On _____ (give the date) the HH was recertified. The _____ (DFA 285 or SAWS) is on file. Timeliness of application is coded as other as no new application was filed during the current FFY. Timeliness of application is coded as other because the case was approved in the 2 <sup>nd</sup> 30 day period due to a client caused delay.
<b>010-F003: (CF Allotment under Review) Section 233 FNS Handbook 310 provides examples on how to determine if a supplement is reviewable.</b>	
	The household was authorized \$ _____ in federal Calfresh benefits for the sample month. No supplements were authorized/issued in the sample month. On _____ the benefits were posted on EBT and benefits were accessed. <div style="text-align: center;"><b>OR</b></div>
	The household was authorized/issued \$ _____ in Calfresh benefits for the sample month. Also, a \$ _____ supplement was authorized/issued on _____ (give the date) which was _____ ( <b>before OR after</b> ) the QC sampling date of _____. The _____ (Issuance Summary <b>OR</b> Search for Issuance) verifies \$ _____ was issued on _____. The supplement is part of the allotment under review <b>OR</b> outside the scope of review.
<b>010-F012: (Categorical Eligibility) Chapter 1 (page 1-3) and Section 841 FNS Handbook 310</b>	
1= Y	All CFHH members were authorized/received a PA/GA grant.
2= N	Not all CFHH members were authorized/received a PA/GA grant
<b>010-F002 (Review Findings/Fed Program) Chapter 6 FNS Handbook 310</b>	
<b>1 Correct</b>	The QC review was completed with no error in the allotment amt authorized for the sample month based on _____ ( <b>COMP 1 OR COMP II</b> ) (the comparison budget you based your final determination on). <div style="text-align: center;"><b>OR</b></div>
<b>2-Over Issuance</b>	The QC review was completed with a \$ _____ OI error in the allotment amt authorized for the sample month. The findings were based on _____ ( <b>COMP I OR COMP II</b> ) (the comparison budget you based your final determination on). <div style="text-align: center;"><b>OR</b></div>
<b>3-Under Issuance</b>	The QC review was completed with a \$ _____ UI error in the allotment amt authorized for the sample month. The findings were based on _____ ( <b>COMP I OR COMP II</b> ) (the comparison budget you based your final determination on).
<b>4-Ineligible</b>	The QC review was completed with a \$ _____ I/E error for the sample month. The findings were based on COMP 1 as there were no excludable variances.

The documents viewed in the case record that impacted the sample month should be listed in the Case Info Comments.

An example is:

The following documents were viewed in the case record:

DFA 285.A1 & A2, dated 4/21/10

11/2010 QR7 signed/dated 12/3/10 and received by CWD on 12/6/10

11/2010 earnings verification

1/2011 PA budget

All other documents or verification viewed in the case record or obtained during the field review can be documented in the specific element.

The date of the interview and who was interviewed should be noted.

If the authorized allotment amount is \$100 or less OR the HH received Transitional CalFresh an F/F interview is not required (SNAP QC Policy Memo QC 11-01 and Transmittal 11-05).

An example is:

- The QC face to face interview **(F/F)** was conducted on \_\_\_\_\_ (date) with authorized HH member, \_\_\_\_\_ (name). Identity verified through \_\_\_\_\_ (CA Photo ID, CADL, etc.),  
**OR**
- The telephone interview **(TI)** was conducted on \_\_\_\_\_ (date) with authorized HH member, \_\_\_\_\_ (name).

# **PERSONAL INFO**

**Examples of Documentation**

**Element 110 Age**  
**Section 811 FNS Handbook 310**

- **CR:** No students under 18 with earned income or 60 yrs and over with medical expenses in the household were reported.  
**F/F OR TI:** Ms. Jones stated no students under 18 with earned income and none of the CFHH members were 60 yrs over. Her statement is accepted. No evidence to the contrary.
- **CR & F/F or TI:** Both parents are under the age of 60 and the two children are under the age of 18. Age is not questionable.
- **CR & F/F OR TI:** Veronica (PN3) is a high school student who is employed part time. Her birth certificate verifies she is 17 yrs old as of the review date (AORD).

**Element 111 School Enrollment**  
**Section 812 FNS Handbook 310**

- **CR:** Veronica (PN3) was attending Elmo Hi School. The 10/10 QR7 listed her earnings. The EW/CWD noted the earnings were exempt because she was under 18 and attending high school. The school verification was not found in the case record.  
**F/F OR TI:** Veronica (PN 3) attends Elmo High School. The school verification completed by Delores Young, counselor, verifies she was attending at least half time.
- **CR & F/F or TI:** No members were enrolled in any institution of higher education. No evidence to the contrary.
- **CR:** No members were enrolled in any institution of higher education.  
**F/F or TI:** 19 yr old Elizabeth (PN2) was attending Northridge College as of the review date. Statement from Northridge College, completed by Ms. Jackson (Fin. Aid worker) on March 1, 2011 verifies she was enrolled full time during the 2010 school year and continued throughout the sample month. She was awarded work study. See Element 150 and Element 345.

**Element 130 Citizenship and Non-Citizen Status**  
**Section 820-823 FNS Handbook 310**

Note: In this element, if U.S. citizenship is not questionable verification of birth is not required.  
If questionable, document what verification was used to establish U.S. citizenship.

**If a member is a legal permanent resident a SAVE Report must be obtained.**

- **CR:** All CFHH members are U.S. citizens.  
Their citizenship is not questionable.
- **CR:** PN1 is an undocumented ineligible non-citizen and PN2 & PN3 are U.S. citizens and their citizenship is not questionable.
- **CR:** Ms. Jimenez (PN1) is a non-citizen who opted out and was ineligible. The other members are U.S. citizens and their citizenship is not questionable.
- **CR:** Elizabeth (PN2) is a legal permanent resident (LPR) whose resident card (I-551) does verify date of entry 3/1988. She qualified as a LPR and has resided in the U.S for over five years. The SAVE Report verified she was lawfully admitted in 1988 and is federally eligible.
- **CR:** Ms. Ruiz (PN1) was lawfully admitted in 2010 and therefore CFAP eligible. The SAVE Report verified PN1 was lawfully admitted in 2010. She qualified as a LPR but did not meet any of the eligibility requirement listed in ACIN I-102-10. She was correctly ineligible for federal benefits. PN2 & PN3 are U.S. citizens. Their citizenship is not questionable.

**Element 140 Residency**  
**Section 830 FNS Handbook 310**

**Note:** In this element, if the household is not CE, the household's residency must be verified as of the review date (Section 830 FNS Handbook 310).

- **CR:** The CFHH resided at \_\_\_\_\_. No changes were reported during the review period.  
**F/F or TI:** The CFHH resided at \_\_\_\_\_ as of the review date (AORD).  
The CFHH is categorical eligible (CE). Therefore, verification of residency is not required. See Element 150.
- **CR:** The CFHH resided at \_\_\_\_\_ as of the review date (AORD). No changes were reported during the review period.  
**F/F or TI:** The CFHH resided at \_\_\_\_\_ AORD. The April 2011 rent receipt verifies the HH's residence.  
Residency was correctly verified.

**Element 150: HH Composition and Living Arrangement**  
**Section 840 FNS Handbook 310**

**Note:** If the household contains any members who are SSI or SSI/SSP, college students, drug felons, IPV members, disabled or elderly members in the CFHH their eligibility determination must be discussed in this element.

- **CR:** The application lists Ms. Jimenez, and her three children, Elizabeth, Veronica and John. They reside with friends, Mr. and Mrs. Sanchez and purchase/prepare their meals separately. No changes were reported. Elizabeth, Veronica and John were federally eligible. Ms Jimenez is an ineligible non-citizen.  
  
**F/F or TI:** Ms. Jimenez stated her CFHH consisted of the above members as of the review date (AORD). No other persons were residing in the home. She purchased/ prepared separately from the Sanchez family. The Household Composition statement was completed by Ms. Jones, friend. She verified Ms. Jimenez and her children resided with the Sanchez family AORD. No other persons resided in the home.  
The CFHH correctly consisted of Elizabeth, Veronica and John. Ms. Jimenez was correctly ineligible. THE CFHH is categorically eligible.
- **F/F or TI:** Ms. Jimenez stated her CFHH consisted of the above members as of the review date (AORD). No other persons were residing in the home. She purchased/ prepared separately from the Sanchez family. Per T/C with Mr. Tran, friend, (555-555-5555), who resides at 123 Street in Los Angeles, verified the above members were residing together AORD and there were no additional members in the HH.
- **F/F or TI:** Ms. Jimenez stated her CFHH consisted of the above members as of the review date (AORD). No other persons were residing in the home. She purchased/ prepared separately from the Sanchez family. Ms. Jimenez was unable to provide a collateral contact to complete the household composition statement. She has no friends or relatives willing to complete the statement. There were no discrepancies and therefore her statement is accepted.

**Element 151 Disqualification**  
**Section 847 FNS 310 and QC Transmittal 03-02**

- No evidence of disqualification found for any **adult member** of the CFHH per the IEV Report.

**Element 160 Employment and Training (ET)**  
**Section 850.2 FNS Handbook 310**

- **CR:** PN1 is participating in an ET activity. The \_\_\_\_\_ (name the document that verifies participation) verifies participation.
- **CR:** PN1 is registered for work and is not participating in any ET activity.  
There was no evidence PN1 refused or failed without good cause to participate in FSET
- \_\_\_\_\_ County does not have an ET program due to FSET Waiver dated \_\_\_\_\_.

**Element 161 Time-Limited Participation**  
**(Section 850.7 FNS Handbook 310)**

- A statewide ABAWD waiver is in effect for FFY \_\_\_\_\_. (2011, 2012 or **2013**).

**Element 162 Work Requirements**  
**Section 850.1 FNS Handbook 310**

- PN1 is an ineligible noncitizen and not required to participate in the CF work registration requirements. All aided HH members are under 16 yrs of age and exempt.
- All CFHH members are considered exempt from the work registration as:  
PN1 is a legal Permanent resident who has opted out of participant in the CF program at time of application and is considered an ineligible HH member.  
PN2 is employed, working a minimum of 30 hours per week  
PN3 & PN4 are under 16 yrs of age.
- PN1 is exempt from work registration because she is subject to WTW through the CalWORKs program. PN 2 is under 16 years of age and correctly exempted.
- There was no evidence PN1 was registered for work. No work exemptions were found. No evidence she refused or failed without good cause to work register. PN 2 is exempt as he attends high school. See Element 111.
- Elizabeth (PN1) was attending college full time and therefore is exempt. Veronica and John are both under the age of sixteen and therefore exempt.

**Element 163 Voluntary Quit/Reducing Work Effort**  
**Section 850.5 FNS Handbook 310**

- **CR:** PN1 was employed part time at Coe's restaurant. She reported on the 10/2110 QR7 that she quit this employment. Previous paystubs/verification indicated she worked an average of 35 hours per week. No action was taken by the CWD.  
**F/F or TI:** PN 1 was not employed. Due to child care problems she quit her employment at Coe's Restaurant.  
According to the VQ regulations (63-407.3) PN1 is exempt from VQ requirements as she receives CalWORKs and is in compliance with the WTW program.

**Element 170 Social Security Numbers**  
**Section 860 FNS Handbook 310**

- The CFHH is CE.  
**OR**
- The IEVS Report verifies the SSNs for all CFHH members are valid.

# RESOURCES

**Examples of Documentation:**



**CEHH**

- **CR:** The CFHH is categorical eligible.  
**F/F or TI:** No resources were stated.  
There is no evidence that the CFHH has any income producing resources.

**MCE**

**NACF and Mixed HHs: The PUB 275 or flyer informing the HH where the PUB 275 is available online must be provided before the HH is MCE (ACL 11-11).**

- The CFHH was identified on the Food Stamp EDBC Summary as MCE. There was no evidence the CFHH had any income producing resources.
- \_\_\_\_\_County policy was to send a MCE flyer to all non assistance and mixed CalFresh HH that were active in 1/2011 to confer MCE effective 2/2011. The HH was certified prior to 1/2011.
- \_\_\_\_\_ County policy is to place the PUB 275 in all application and recertification packets effective 2/1/2011. The CFHH was recertified after that date. Therefore the CFHH is MCE. There was no evidence the CFHH had any income producing resources.
- **CR:** No evidence the MCE was provided. CFHH owns a savings acct at Wells Fargo Bank.  
**F/F or TI:** PN1 stated no member owned any resources of any kind. The savings acct at Wells Fargo Bank was closed in Jan. 2010. Verification from Wells Bank does verify the acct was closed in Dec. 2009.

# **INCOME**

**Examples of Documentation**

**Element 311 Earned Income**  
**Section 1021 FNS 310**

**EARNED INCOME – No earned income**

- **CR:** No earned income was reported for any member of the CFHH.  
**F/F or TI:** None was discovered. No contrary evidence found on IEVS.  
COMP 1 -\$0  
No error.
- **CR:** No earned income reported for any member of the CFHH.  
**F/F or TI:** Mr. Mata stated he only worked for two weeks in the sample month (10/2010) and earned \$187. The employer was Ivanhoe Farm Labor Service. He stated that he did not receive any other wages in the month and no other CFHH members received any earned income. Verification from Ivanhoe Farm Labor Service showed he started working on October 12, 2010 for only two weeks and received 2 paychecks; 10/18 \$160 and 10/25 \$27.50 totaling \$187.50. Since this was a temporary job and discontinued income in the sample month, the income was not factored. No wages were reported on the IEVS Report for any of the CFHH members.  
COMP I - \$187.50  
COMP II - \$0  
No error

**EARNED INCOME – Terminated income**

- **CR:** On the May 2010 QR7 Mr. Victor Mier, stopped working for Bienvenidos Center in April 2010. The termination letter, completed by Mr. Flores (Owner) on May 2010, verified his last day of employment was April 5, 2010. No other employment was reported for any of the CFHH members.  
**F/F or TI:** Ms. Mier stated she was not employed and her husband has not worked since April 2010. The IEVS Report indicates no wages for her. However, wages were reported for him during the most recent quarter of April-Jun 2010 at Bienvenidos Center. Employment verification from Bienvenidos Center, completed by Mr. Flores (Owner) on July 2, 2010, verified Mr. Mier remains employed however did not receive any earnings from May through August 2010. The statement is accepted. No evidence to the contrary.  
COMP 1-\$0  
No error

**EARNED INCOME: – Reported**

- **CR:** The August 2010 QR7 shows employment for PN1 at Wal-Mart. She's paid bi-weekly. No other members were employed during the review period. No mid-quarter changes were reported. She provided two paystubs for August; Aug 10, 2010 \$200 and Aug 24, 2010 \$300. The CWD reasonably anticipated the income and converted the earnings as follows:  
$$\$200 + \$300 = \$500/2 = \$250 \times 2.167 = \$541.75.$$
  
**F/F or TI:** PN 1 was not employed during the sample month (October). She was laid off from Wal-Mart in September 2010. The termination letter, completed by Mr. Smith, supervisor, verified her last day of employment was September 8, 2010. The IEVS Report only shows wages for this employer for last reported quarter ending May-August 2010. No wages reported for any other CFHH member.  
COMP I - \$0  
COMP II - \$541.75 (8/10 \$200 + 8/24 \$300/2x2.167)  
No error.

- **CR:** At certification, Ms. Hernandez, ineligible noncitizen, reported her employer is Baba Foods and is paid \$200 weekly. No other wages were reported for any other CFHH members. Her weekly earnings were reported on the 2/2011 QR7. No anticipated changes for the upcoming quarter were reported. The CWD used the prorated income of \$1095, but failed to factor the earnings.

**F/F or TI:** Ms. Jimenez was employed with Baba Foods during the sample month. No other members were employed. The IEVS Report only listed wages from Baba Foods for her. The following paystubs were provided.

**COMP 1 - \$1254.34**

Pay Date	Gross Earnings
4/07/11	\$360
4/14/11	\$380
4/21/11	\$390
4/28/11	\$415
Total Wages	\$1545
Converted amt	\$1672.46 ( $\$1545/4 \times 4.33$ ).
Prorated amt	\$1254.34 ( $1672.46/4 \times 3$ CFHH members)

**COMP II - \$649.50**

Dates	Gross Earnings
2/3/11	\$200
2/10/11	\$200
2/17/11	\$200
2/24/11	\$200
Total Gross	\$800
Converted amt	$\$800/4 \times 4.33 = \$866$
Prorated amt	\$649.50 ( $\$866/4 \times 3$ )

Error cited. See Item 020-F001 under Error Findings.

**EARNED INCOME: -Unreported earnings**

- **CR;** No earnings were reported for any of the CFHH members. The September 2010 QR7 reflected no changes.  
**F/F or TI:** Juan Flores (PN1) was employed by Five Star Parking Company since August 2010 and was paid bi-weekly. No other members were employed. He provided the paystubs for September (report month) and November (sample month). He failed to report this income. IEVS shows no income for any CFHH member.

COMP 1 - \$2708.75 ( $11/8/10 \$1500 + 11/22/10 \$1000/2 \times 2.167$ )

COMP II - \$1625.25 ( $9/13/10 \$500 + 9/27/10 \$1000/2 \times 2.167$ )

Client error cited. See Error Findings in Item 020-F001.

**Element 312 Self Employment  
Section 1022 FNS Handbook 310**

**SELF EMPLOYMENT -None**

- **CR:** No CFHH members were self employed. No changes were reported on the QR7.  
**F/F or TI:** No CFHH members were self employed. Ms. Jimenez's statement is accepted. No evidence to the contrary.
- **CR/FF/TI:** None reported. None discovered. No error.

### Self Employment: –Reported

- **CR:** The client reported \$750 income for caregiver services on the 8/2010 QR7. No income verification was provided. The CWD counted the income as regular earnings.  
**F/F or TI:** The client states she is self employed and provides care for an elderly woman (Rose) since 2009. Rose's niece (Sharon Clark) pays her in cash once a month. The amount varies depending on the actual tasks performed. She received \$900 in the sample month and \$750 in the report month. Ms. Clark provided a statement stating the client is self employed and confirmed the above amts. Also, the 2010 tax returns/Schedule C (Net profit from Business) verifies self employment. She chose the 40% standard deduction. SQC therefore considers the client to be self-employed and allowed 40% standard self-employment deduction.

COMP I - \$900 x 40% = \$360; \$900 minus \$360 = \$540 net s/e income.

COMP II - \$750 x 40% = \$300; \$750 minus \$300 = \$450 net s/e income.

Error cited. See Error Findings in Item 020-F001.

#### Element 314 Other Earned Income Section 1023 FNS Handbook 310

- **CR:** None reported.  
**F/F or TI:** Ms. Jimenez stated no CFHH member received any other earned income. Her statement is accepted. No evidence to the contrary.

#### Element 331 Retirement Survivors' and Disability Insurance (RSDI) Section 1031 FNS Handbook 310

- **CR:** None reported.  
**F/F or TI:** Ms. Jimenez stated no CFHH members received any benefits from SSA. The IEVS Report confirms no benefits were issued to any of the CFHH members.
- **CR:** According to the September QR7 Ms. Jones was receiving Title II SDI. Her monthly amt was \$500. The SSA Award letter verified monthly benefit amount of \$500. The EW counted \$500 as unearned income.  
**F/F or TI:** Ms. Jones stated she was the only member that received SDI in the sample month. The IEVS Report verified \$500 for only Ms. Jones.

COMP I \$500

No error

#### Element 332 VA Benefits Section 1032 FNs Handbook 310

- **CR:** None reported.  
**F/F or TI:** Ms. Jones stated no member of the CFHH was in the military service. Her statement was accepted. No evidence to the contrary.
- **CR:** According to the application Mr. Smith (PN1) was a veteran. No income was reported. There was no evidence if he was receiving any VA benefits.  
**F/F or TI:** Mr. Smith stated no benefits were issued during the sample month. Verification from the VA, completed by Mr. Jones, Customer Service Representative, verified Mr. Smith never received any benefits.

**Element 333 Supplemental Security Income (SSI)**  
**Section 1033 FNS Handbook 310**

This element is only applicable when a CFHH member is only receiving SSI. If the member is receiving SSI/SSP the income is excluded unless that member meets the criteria in ACL 11-46.

- **CR:** None reported.  
**F/F or TI:** None stated. The IEVS Report confirms no CFHH member received SSI/SSP.

**Element 334 Unemployment Compensation**  
**Section 1034.1 FNS Handbook 310 and**  
**ACL 11-49**

- **CR:** Per the 11/10 QR7 PN1 did not report any UIB income.  
**F/F or TI:** PN1 began receiving UIB income in December (submit month). No other member received UIB. Per IEVS and UIB claim verification he was awarded \$ 417 weekly UIB and received his first check in December. He was issued two biweekly UIB checks in January, each in the amount of \$834 (\$417x2). QC used/factored the two checks as follows:  
COMP 1-01/10/2010 - \$834  
01/26/2010 - \$834  
Total: \$1,668/2x2.167=\$1,807.27.  
COMP II- 0
- **C/R & F/F or TI:** At initial certification (08/1/2010) PN 1 reported no UIB income. On 08/07/2010, PN1 applied for UIB benefits and was approved. This information was verified by IEVS which indicates PN1 was granted an extension from a previous claim opened on 09/14/2008. Her first UIB check was issued on 08/16/2010 in the amount of \$38.00 and will be entitled to \$102 weekly benefits. No other member received UIB. For 09/2010 (sample month), QC analyst used factored UIB of \$442.06 (\$204X2.167), this resulted in an allotment of \$77 or \$123 over-issuance. For July 2010 (Data month) QC analyst used no UIB; which resulted in an allotment of \$200, for Comparison II. Per FNS 310 Chapter 7, Section 722.2, any variance known to the HH less than 30 days prior to review shall be excluded. Therefore because the UIB income was known to the HH less than 30 days prior to the review date UIB is being excluded in Comp II. No error.

**Element 335 Worker's Compensation**  
**Section 1035 FNS Handbook 310**

- **CR & F/F or TI:** No CFHH member received worker's compensation. No discrepancies discovered.

**Element 336 Other Government Benefits (Section**  
**1036 FNS Handbook 310)**

- **CR & F/F or TI:** None reported. None discovered for any members of the CFHH.

**Element 342 Contributions**  
**Section 1041 FNS Handbook 310**

- **CR:** PN1 reported on the 11/10 QR7 \$275 contribution from her boyfriend to help with the rent. She provided a statement from him confirming the purpose of the contribution and the amt. The EW counted the full amt.
- **F/F or TI:** PN1 stated her boyfriend, who doesn't reside in the home, contributed \$275 in the sample month to help with the rent. Per T/C with Mr. Jones (555-123-4567) he verified contributing \$275 to help with the rent 1/2011. No other contributions were made. The EW was incorrect in treating this contribution as income as it was earmarked to help with the rent.  
COMP I 0 UI  
COMP II 0 UI. Error cited. See Error Findings in Item 020-F001.

**Element 343 Deemed Income**  
**Section 1042 FNS Handbook 310**

- **CR:** There are no alien sponsors associated with this review.

**Element 344 General Assistance**  
**Section 1043 FNS Handbook 310**

- **CR:** THE CFHH did not receive a GR/GA grant for the review month
- **CR:** PN1 received \$221 in GR and the EW counted this amt. The History Issuance verifies \$221 was issued for the sample month. The CWD was correct in counting the \$221.  
COMP 1 \$221.

**Element 345 Educational Loans, Scholarships**  
**etc. Section 1044 FNS Handbook 310**

- **CR:** PN2 was enrolled and attending Northridge College. No verification, to determine if she was receiving any financial aid, was viewed in the case record.  
**F/F or TI:** PN2 was the only college student in the CFHH (See Element 111). Financial Aid Award Letter was provided which verified she received two grants (Pell and BEOG) during the school year. Both grants are excluded.

**Element 346 Other Unearned Income**  
**(Foster Care Payments, Dividends and Interest, Rental Income).**  
**Section 1045.4 FNS Handbook 310)**

- **CR:** None reported.  
**F/F or TI:** No member of the CFHH received any other unearned income.  
Mr. Ruiz's statement is accepted. No evidence to the contrary.

**Element 347 CalWORKs**  
**Section 1043 FNS Handbook 310**

- **CR:** The Search for Issuance printout verified \$342 PA grant was received by the CFHH in the sample month. The agency correctly budgeted \$342.
- **CR:** The CFHH was authorized to receive a CW grant in the amount of \$522 for the client and her aided son. The Search for Issuance printout verified \$17 was recouped from the sample month's payment. The Overpayment Details Summary verified the recoupment was caused by the client. The EDBC Summary verified \$522 was counted. The CWD correctly budgeted \$522.  
COMP 1 \$522

**Element 350 Child Support Payments (Received)**  
**Section 1050 FNS Handbook 310**

- **CR:** None reported.  
**F/F or TI:** None reported or discovered.
- **CR:** PN1 reported no child support payments. No income was counted.  
**F/F or TI:** PN1 stated that she received \$50 monthly child support disregard since May 2010. The verification from the Child Support Eligibility Services confirmed she was paid \$50 disregard in June (data month) and in the sample month (August). This resulted in a citable error as the participant never **reported** this income.  
COMP 1- \$50  
COMP II- \$50    See Error Findings.

# **DEDUCTIONS**

**Examples of Documentation**



NOTE: Section 1113 FNS Handbook 310 and Policy Memo 09-01 Q&A provide guidelines in determining to cite a variance when deductions were disallowed at certification or recertification.

**NOTE:** The current DFA 285.A1 application has a disclaimer informing the CFHH that if they do not report or provide verification of their shelter cost no deduction from their income will be allowed for those expenses.

**Element 323 Dependent Care**  
**Section 1130 FNS Handbook 310**

- CR: Per the 10/20 QR7 client reports no dependent care expenses. None allowed.  
F/F or TI: The client started a new job in April (SM) and incurred out of pocket child care expenses for her daughter (PN2). The verification for April provided and confirmed \$200 was paid for the care of PN2.  
COMP I \$200  
COMP II \$0

**Element 363 Rent/Mortgage Expense**  
**Sections 1151-1155 FNS Handbook 310**

The definition of billed expenses is cited in 63-503.251 and it states a deduction shall be allowed only for the month the expense is billed or otherwise becomes due, regardless of when the household intends to pay the expense. Rent which is due each month shall be included in the household's shelter expenses, even if the household has not paid the expense. Amounts carried forward from past billing periods shall not be deducted, even if included with the most recent billing and actually paid by the household. In any event, a particular expense may only be deducted once. For Comparison I (actual month circumstances) QC must verify the actual rent billed and not actual rent paid.

- CR: No shelter expenses were reported on the DFA 285. The EDBC Budget Summary showed no shelter expense deductions allowed at recert and none allowed for the sample month.  
**F/F or TI:** PN 1 stated shelter expenses of \$500 rent plus gas and electricity. There was no change of address since the last recertification action. The shelter and utility deductions are disallowed as the participant failed to report her expenses at recertification.  
COMP I 0  
COMP II 0
- **CR:** According to SAWS2 the CFHH pays \$900 in mortgage payments. No verification was found. No changes were reported during the review period. The CWD allowed the \$900.  
**F/F or TI:** Ms. Smith is billed \$500 monthly mortgage that included property taxes and insurance. She stated her mortgage increased in December 2010. The December 1, 2010 Wells Fargo Bank Mortgage statement verified the mortgage (loan) modification with a \$500 mortgage that includes the property taxes and insurance.. The increase was effective prior to the sample month (March).  
COMP I  
\$500 rent  
  
COMP II  
\$900 rent. The variance is excluded as the CFHH was not required to report a change in the shelter expenses unless it was caused by a change of address.
- CR: CFHH pays \$1100 rent. Rent receipt on file verified that amt. CWD allowed \$1100.  
F/F or TI: PN1 is an excluded SSI/SSP member and she confirmed the \$1100 rent which includes utilities. She provided her August rent receipt; amt billed \$1100. She stated the family pools income to pay expenses, the rent is prorated as follows per 63-502.373( c) (1). :  
COMP I \$1100/4 X3=\$825. No error cited.

- **CR:** The CFHH paid \$300 per month with utilities included. The CWD opted not to verify shelter expenses. \$300 was allowed.  
**F/F or TI:** PN1 verified no changes in rent amount for the review month. PN1 did not have receipts. **A letter was sent to the landlord for rent verification.** As of this date the landlord has failed to comply. Therefore, per Transmittal 09-09 QC can accept the eligibility worker's determination since it was not questionable. \$300 was correctly allowed.

**Element 364 Standard Utility Allowance (SUA)**  
**LUA and TUA**  
**Section 1160 FNS Handbook 310**

- **CR:** At certification the participant reported utility expenses. No verification was on file. SUA was allowed.  
**F/F or TI:** The participant states utilities are used for heating and cooling purposes. The SM's Southern California Edison bill was viewed; acct #123456 under the participant's name. SUA was correctly allowed. **OR**  
**F/F or TI:** Utilities are used for heating. The gas bill was in a different name. PN1 stated that due to bad credit her brother put the bill under his name. He doesn't reside in the home and she is responsible for the bill. The HH composition statement does verify that the brother was not in the home. Her statement is accepted. SUA was correctly allowed.
- **CR:** PN1 reported a telephone expense. The CWD opted not to verify shelter expenses. TUA was allowed.  
**F/F or TI:** PN1 stated the only utility expense is a cellular phone. AT & T bill was viewed showing her name and telephone number. \$20 TUA was correctly allowed.

**Element 365 Medical Expenses**  
**Section 1170 FNS Handbook 310**

- **CR:** PN1-Mr. Jones reported that he is deducted \$96.50 medical expense from his SSA entitlement and provided copy of his award letter confirming the deduction. No other out-of-pocket expenses were reported. The agency allowed \$61.50.  
  
**F/F or TI:** Mr. Jones (PN1) reported the same information and added that in addition to the \$96.50 medical deduction, he incurs \$43.20 prescription expense which is also deducted from his SSA entitlement and incurs a \$9.50 monthly expense for dental insurance which is billed and paid separately. He provided copy of a sample month's bank statement showing the \$9.50 payment to Pacific Care Dental. In QC Comparison 1, QC allowed a total of \$149.20 minus \$35 medical allowable deduction, resulting in a total of \$114.20 allowable Medical expense deduction in Comparison II and Comparison I.

**Element 366 Child Support Payment Exclusion**  
**ACIN I-96-06 & ACL 11-05E**

- **CR:** On the DFA 285-A2 Mrs. Jones reported that her spouse, Mr. Jones, has child support expense that is obligated by the court in the amount of \$400 monthly. The agency requested verification of the court order in order to allow the child support payment. The paystubs along with the court order decree were provided. The agency did not apply the child support exclusion policy. **F/F or TI:** Mrs. Jones stated her husband is required to pay child support to a child not residing in the home. QC obtained the court order document from the case record which verified the monthly amount of \$400 for James Jones. This child was not residing during the review period. Therefore, QC allowed the child support exclusion of \$400 in both comparison budgets.
- **CR:** The 11/10 QR7 showed \$389 in paid court-ordered child support. Mr. Smith is employed and the payment is garnished from his wages. The agency did apply the \$389 exclusion. **F/F or TI:** Mr. Smith stated he pays child support bi-weekly. He was unable to provide the court order document but indicated his pay is being garnished. The February 2011 paystubs were viewed; \$179.53 was garnished bi-weekly. On 01/31/2011 QC also verified the child support expense with his employer, Ms. Leah, through a telephone conversation. Ms. Leah disclosed that Mr. Smith has child support withholding obligation in the amount of \$179.53 biweekly which is enforced through a court order. Ms. Leah's verbal statement was accepted. Therefore, QC factored the bi-weekly payment and counted \$389 (\$179.53 X 2.167) in both comparison budgets.

# **Error Findings**

**Examples of Documentation**

**Element 020 Error Findings**  
**Chapter 6 FNS Handbook 310**

- An agency caused \$200 underissuance cited as the EW failed to factor the earnings.
- The CFHH was totally ineligible to received CalFresh benefits for the sample month due to reported earnings exceeding the Maximum Gross Income allowed for HH of four persons. CWD failed to take action on the reported information. The 2/2011 QR7 was received timely with earnings indicated and wage stubs attached but no action was taken by the CWD.
- A client caused \$62 OI occurred because the client failed to report a change of her residence which resulted in a decrease in her shelter cost.
- An agency caused \$120 UI error cited as the agency incorrectly disallowed the child support exclusion even though the participant's paystubs clearly specified that child support garnishment was deducted from his pay biweekly.